

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1		1				
2		1				
3		1				
4		3				
5		0				
6		0				
7		0				
8		0				
9		0				
10		0				
11		0				
12		0				
13		0				
14		0				
15		0				
16		0				
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46						
47						
48						
49						
50						
TOTAL IND.	1					
TOTAL DEP.	22					
TOTAL CLAIMS	28					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
55						
56						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						